

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588,722

FILING DATE

8-8-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	1		1			
4	2		E			
5	2		G			
6	2		G			
7	1		1			
8	2		1			
9						
0	1		1			
1						
2	1		1			
3	1		1			
4	1					
5	1					
6	2					
7						
8						
9						
0						
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0						
1						
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7						
8						
9						
0						
TAL ND.	2		1			
TAL EP.	19	←	9	←		
TAL CLAIMS	21		10			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS	21		10			